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AT URBANA-CHAMPAIGN

# **What To Do For Childhood Emergencies And Illnesses**

**Naval Medical Clinic Norfolk**

**EMERGENCY INFORMATION**



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BOOKSTACKS

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# WHAT IS AN EMERGENCY

An emergency is any illness or injury which is life threatening and needs immediate attention at a hospital, not at a clinic.

## WHAT TO DO

When a life-threatening illness or injury happens, immediately:

- ☐ Dial “911” on your telephone or direct someone to dial “911” if this is in effect in your area. This is a standard emergency telephone number in most parts of the country. It connects you with a central police and fire rescue service.
- ☐ State clearly this a medical emergency.
- ☐ Tell the person what is wrong with the child.  
**Example:** “My baby is not breathing.”
- ☐ Tell the person your exact address.  
**Example:** 506 S. 6th Street, 2nd floor rear
- ☐ Have someone wait for the rescue vehicle to direct them to the child, if possible.
- ☐ Start emergency care if you know what to do.

## WHAT NOT TO DO

- ☐ Do not panic or delay calling rescue.
- ☐ Do not move the child unless there is further danger.
- ☐ Do not attempt to drive yourself to the hospital – emergency vehicles can get to you faster.

## PREVENTION

In spite of all precautions, illnesses and injuries do occur. To prevent more serious damage or death to your child you should:

- ☐ Know the telephone number of the police and fire rescue: "911"
- ☐ Teach your children what to do in an emergency.
- ☐ Know how to give first aid and emergency medical care.  
**Examples:** Mouth to mouth resuscitation  
Stopping bleeding
- ☐ Have a medical alert bracelet, necklace or identification card on your child at all times if the child has a known medical condition.

## WHAT IS POISON

A poison is any substance that a child eats, drinks or smells that can make the child very sick or cause the child to die.

### Examples:

**Medicine**                    - too much of any medicine, even aspirin or cough medicine  
                                     - a medicine that belongs to someone else

**Household cleaners** - drain cleaners, bleaches, oven cleaners, lye, ammonia, automatic dishwasher detergents, etc.

**Polish**                        - furniture, car and shoe

**Paint and paint removers**

**Insect or rat poisons**

## WHAT TO DO

If you believe your child has swallowed a poison immediately:

- ☐ Call the nearest Poison Control Center at  
\_\_\_\_\_
- ☐ Explain what your child ate or drank.
- ☐ Listen carefully to what you are told to do.
- ☐ Be prepared to bring your child to the emergency room.
- ☐ Always bring the bottle or container from which your child ate or drank, even if it is empty.
- ☐ Always bring any material your child has vomited.
- ☐ Give syrup of IPECAC only if directed (see below).

## WHAT NOT TO DO

**Do not make your child vomit unless you are told to do so by the hospital or poison control center.**

### PREVENTION

**Read labels** – know what things are poisonous in your house.

**Poisons** should be kept locked or out of the reach of children.

**Medicines** should be kept locked or out of the reach of children, should not be kept in your handbag and should not be referred to as candy.

**Household cleaners or other poisons** should not be put in familiar containers like glasses, cups, soda bottles, etc.

**Relatives' or friends' homes** should be checked for safety before allowing your child to roam.

**Trash containers** inside and outside the house should not be in reach of your child.

## **SYRUP OF IPECAC**

Ipecac, a medicine used for some types of poisoning, can be bought at a drug store. This medicine will make your child vomit. It should only be used if the doctor or hospital tells you to. This is important because vomiting some poisons can cause your child to become more seriously ill.

## **WHAT IS DROWNING**

Drowning is suffocation caused by submersion in water; respiration is blocked by a spasm of the larynx or by the filling of the lungs with fluid. Drowning can occur even in very shallow amounts of water. While a risk at all ages, it is a leading cause of accidental death in childhood. The best treatment is prevention.

## **PREVENTION**

Take a walking tour of your home and neighborhood and identify where your child may have access to water:

- Inside the home : Sink, bathtub, toilet, diaper pail.
- Outside the house : Play pool, large pool, garden hose.
- In the neighborhood : Friend's pool, pond, beach.

Supervision of your child's indoor and outdoor activities is the best prevention.

Never leave a child unattended in the bathtub – this includes a school age child! As a child begins to need privacy, listening attentively and verbally checking on well being are still important. "Instruction in water safety rules for the whole family can be very helpful.

## **WHAT TO LOOK FOR**

An unresponsive or unconscious child near a source of water.

## **WHAT TO DO**

Review "What Is An Emergency" section in the front of this book.

Become familiar with steps to take in an emergency.

## **WHAT NOT TO DO**

Do not leave a child near water without responsible supervision.

Do not panic or delay calling rescue.

## **WHAT IS BLEEDING**

Vessels (veins and arteries) carry blood from one part of the body to another. Bleeding occurs when vessels are cut or damaged. Loss of blood can be serious, even life threatening; therefore, it is important for you to know how to stop or control a bleeding cut.

## **WHAT TO DO**

Cuts can be cared for at home if:

- ☐ Only the top layer of the skin has been scraped off.
- ☐ The edges of the cut are closed.
- ☐ The bleeding can be stopped in 15 minutes.

To care for the cut:

- ☐ Wash the cut thoroughly with soap and water.
- ☐ Make sure all dirt and other particles are removed.
- ☐ Place a bandage or a piece of clean material over the cut.
- ☐ Hold it firmly in place for 15 minutes.
- ☐ Cover with a bandage.

## WHEN TO SEE A DOCTOR

Cuts need to be seen by a doctor at a hospital if:

- ☐ The edges do not meet.
- ☐ The cut is wide open.
- ☐ Bleeding cannot be stopped after 15 minutes of continuous pressure.
- ☐ The cut is on the face, head or hand.

These cuts may need “stitches”. On your way to the hospital, hold a clean cloth firmly in place to control the bleeding.

**Exception:** If your child has a cut on the face or head that looks like the head had been “pushed in”: DO NOT APPLY PRESSURE, cover it with a clean cloth, and call “911” immediately.

## WHAT NOT TO DO

**Do not use a tourniquet – apply pressure.**

## PREVENTION

- ☐ Keep sharp objects, containers, utensils, tools, etc. out of the reach of children.
- ☐ Keep shoes on children when playing outside.
- ☐ Use protective equipment or padding with skateboards, etc.

## WHAT IS A BURN

A skin burn occurs when the skin comes in contact with anything hot.

**Examples:**

Sunburn  
Fire



Matches

Heaters – electric, kerosene, radiators

Curling rods or rollers

Hot plates

Chemicals

A burn can also occur on the lining of the nose and the air passages of the lungs when the child breaths in hot smoke or fumes. These are called inhalation burns and need immediate attention by a doctor at a hospital, not at a clinic.

## **WHAT TO DO**

Skin burns can be cared for at home if the skin is pink or reddened with no blisters (bubbles). For this type of skin burn:

- ☐ Immediately put the area in cold water to stop further burning.
- ☐ Keep the area clean and dry to prevent infection.
- ☐ Watch the area for blistering (bubbling).

Skin burns that form blisters (bubbles) or cause the skin to be open and blackened need to be seen by a doctor at a hospital immediately.

If the area of the burn is small:

- ☐ Cover the area with a clean cloth.
- ☐ Take the child to a hospital emergency room.

If the area of the burn is large:

- ☐ Immediately call “911” for help.
- ☐ Cover the child with a clean sheet or cloth.
- ☐ Do not move the child unless there is further danger.

## **WHAT NOT TO DO**

- ☐ Do not use butter or oil on burns.

- ☐ **Do not break the blisters on the burn.**
- ☐ **Do not treat burns with blisters at home.**

## **PREVENTION**

- ☐ Keep matches in a high, safe place.
- ☐ Turn pot handles toward the center of the stove.
- ☐ Keep children away from kerosene heaters, radiators and open fires.
- ☐ Do not leave young children alone in your home.
- ☐ Use a vaporizer with caution.
- ☐ Teach your child the word “hot” and what things are hot.

## **For Sunburn Prevention:**

Use sunscreen.

Wear hats.

Stay out of strong sun – ask your doctor for advice.

**Important: If your child is setting fires, seek your doctor’s help.**

## **WHAT IS AN EYE INJURY**

An injury to the eye can result from a blow, a substance or particle blowing into the eye, an object puncturing or a liquid splashing into the eyes.

## **WHAT TO DO**

Minor eye injuries can be cared for at home. A simple black eye caused by an object hitting the eye without much force can be cared for with cold compresses. Sand or dust blowing into the eye will be flushed out with tears or gentle flushing of the eye with water.

## **WHEN TO SEE THE DOCTOR**

However, every eye injury should be taken seriously. Medical attention should be sought if any of the following occur:

- ☐ An object punctures the eye.
- ☐ An object or particle will not wash out with tears or gentle flushing.
- ☐ Double vision (seeing two of the same object).
- ☐ Loss of vision (even if only for a short time).
- ☐ Pain on moving the eye.
- ☐ Blood in the eye.
- ☐ Sensation of something being in the eye (even if you can see nothing).
- ☐ A chemical substance splashes into the eye.
- ☐ A forceful blow directly to the eye.

On your way to the hospital Emergency Department, keep your child calm and keep your child from touching the injured eye.

If a particle is stuck or an object has punctured the eye do not remove it – go immediately to the hospital Emergency Department. “If a liquid splashed into the eye immediately:

- ☐ Hold the child’s eye open and pour large amounts of water directly into it. This is painful and frightening to the child but must be done because chemicals can destroy the eye in minutes.
- ☐ Cover the eye and go immediately to the hospital Emergency Department.
- ☐ Know what splashed into the eyes and take the container with you.

## **WHAT NOT TO DO**

- ☐ **Do not attempt to remove any object that has punctured the eye.**
- ☐ **Do not attempt to remove any particle that will not flush out with water.**
- ☐ **Do not allow the child to rub the eye.**
- ☐ **Do not put any type of ointment or drops into the eye unless prescribed.**

## **PREVENTION**

- ☐ Use eye protection in sports.
- ☐ Use seat belts and infant seats in automobiles.
- ☐ Do not give your toddler scissors, pens or other sharp objects.

## **WHAT ARE FALLS**

Falls are those accidents that happen often with growing children. Some falls can be prevented while others are part of the child's experience in learning new things – like how to walk. Fortunately for most children falls result in only bumps and bruises.

## **WHAT TO DO**

Falls and the bumps and bruises that result from them can be cared for at home with ice or a cold cloth. Hold the child until he or she stops crying if after the fall the child:

- ☐ Cries and moves freely.
- ☐ Does not complain of pain.

- ☐ Does not become sleepy, irritable or start vomiting. "The child needs to be seen by the doctor if in the 24 hours after the fall he or she:
- ☐ Starts to vomit.
- ☐ Complains of pain.
- ☐ Becomes unusually irritable.
- ☐ Is sleeping more than usual or becomes difficult to wake up.

The emergency number "911" should be called and the child should be kept warm if he or she:

- ☐ Is unconscious.
- ☐ Has clear fluid or blood coming from the nose, ears or mouth.
- ☐ Has an arm or leg in an unusual position.
- ☐ Complains of neck or back pain.

## **WHAT NOT TO DO**

- ☐ Do not move the child if you believe a bone is broken.
- ☐ Do not move the child if there is complaint of neck or back pain.
- ☐ Do not move the child if there is drainage from the ears, nose or mouth.

## **PREVENTION**

- ☐ Use seat belts and infant seats on all infants or children.
- ☐ Always put crib sides up, even with young infants.
- ☐ Do not leave infants or young children unattended on tables, chairs, sofas or beds.

- ☐ Do not allow children to jump off furniture or high places.
- ☐ Use safety gates on all stairways with young children.
- ☐ Use safety equipment with skate boards and bikes.
- ☐ Do not put infants to sleep on beds.

## **WHAT ARE ANIMAL BITES**

An animal bite can vary from a simple scratch to a large number of bites with scratches and puncture wounds. The bite(s) can be made by a pet animal, a stray dog or cat, or wild animals (skunks, foxes, bats, raccoons, squirrels, etc.). When a child is bitten by an animal, the major concerns are the risks of developing an infection at the wound site and of developing a life-threatening disease called rabies. The greatest chance of developing this disease is from a wild animal bite.

### **WHAT TO LOOK FOR**

If your child has been bitten know:

- ☐ What kind of animal made the bite – pet, stray, wild?
- ☐ Was the attack provoked or unprovoked?
- ☐ Are the animal's immunizations (shots) up-to-date?
- ☐ Was the animal identified or captured?

### **WHAT TO DO**

If your child has been bitten:

- ☐ Immediately and vigorously wash the bite with large amounts of soap and water.
- ☐ Cover the wound with a dressing.
- ☐ Comfort the child.

**If your child has been bitten by a pet dog or cat:**

- ☐ Know if the animal's immunizations (shots) are up-to-date.
- ☐ Observe or have the animal observed for the next two weeks to be positive rabies do not occur.

**If your child is bitten by a wild animal:**

- ☐ Take your child to a hospital emergency room immediately.
- ☐ Report the incident to the health department immediately.
- ☐ If the animal is captured it should be turned over to the health department (alive or dead).

## **WHEN TO SEE THE DOCTOR**

Your child should be seen by a doctor if:

- ☐ The animal bite is any more than a simple scratch.
- ☐ The child has not had a recent tetanus immunization (shot).
- ☐ The pet's immunizations (shots) have not been given or are not up-to-date.
- ☐ The animal bite or scratch is made by a wild or stray animal.
- ☐ The area bitten becomes red, swollen, hot or tender.

## **PREVENTION**

To prevent your child from being bitten by animals:

- ☐ Teach your child not to go near or feed wild or stray animals.

- ☐ Teach your child not to tease or roughly handle pets.
- ☐ Young children should only be with animals with supervision.
- ☐ Keep your animal on a leash.
- ☐ Keep your child away from bat-infested caves.
- ☐ Report any stray or non-cared for animals to the local SPCA (Society for the Prevention of Cruelty to Animals).

## **WHAT ARE INSECT BITES**

Children frequently come in contact with insects that bite or sting them. Most of the time these bites or stings only cause a local discomfort and itching. However, an insect bite or sting can cause serious reactions like wheezing, hives, skin rashes and loss of consciousness.

### **WHAT TO DO**

If your child has discomfort and itching at the area of the bite or sting:

- ☐ Clean the bite or sting with warm soapy water.
- ☐ If the stinger is left in the skin remove it with clean tweezers.
- ☐ Apply an ice or cold pack over the bite area to control swelling.
- ☐ Give acetaminophen (Tylenol\*) for complaint of pain.

### **SERIOUS WHOLE BODY REACTIONS:**

If your child develops:

- ☐ Wheezing



- ☐ Fainting
- ☐ Hives
- ☐ Skin rashes
- ☐ Rapid swelling in the area of the bite, or has had a serious reaction in the past, take the child immediately to the emergency department at a hospital.

## **WHEN TO SEE A DOCTOR**

- ☐ If the stinger cannot be removed from the skin.
- ☐ If the bite becomes infected.

## **PREVENTION**

- ☐ If your child has had a serious reaction to insect bites or stings ask your doctor about an emergency care kit.
- ☐ Ask your doctor about desensitization shots.
- ☐ Do not allow your child to play in high grass or weeds.

# **WHAT IS A CONVULSION OR A SEIZURE**

A convulsion or a seizure is a result of an interruption of normal brain activity. Serious infections like meningitis, injuries to the head and high fevers in children under the age of five are all irritants to the brain and may cause a seizure.

## **WHAT TO LOOK FOR**

Your child may have any or all of the following:

- ☐ Loss of consciousness

- ☐ Eyes which blink, stare or roll back
- ☐ Jerking movements of the body, especially the arms and legs
- ☐ Loss of ability to control urine and bowels

## **WHAT TO DO**

If your child has a seizure:

- ☐ Keep calm. Most seizures last less than five minutes.
- ☐ Put the infant or child on the side or stomach so that mucus can roll out of the mouth.
- ☐ Be sure your child is in a safe place where he or she will not fall or be injured on other objects.
- ☐ Try to notice what type of movements the child makes and how long the seizure lasts.
- ☐ If the child's body is hot when the seizure is over, undress him or her and keep the body cool.
- ☐ Allow the child to rest after the seizure.

## **WHAT NOT TO DO**

When your child is having a seizure:

- ☐ **Do not put or force anything between the child's teeth.**
- ☐ **Do not try to hold the child or stop the movements.**
- ☐ **Do not give your child anything to drink or any medicine during a seizure.**
- ☐ **Do not put the child in a bath to stop the seizure.**

## **WHEN TO SEE THE DOCTOR**

If your child is having a seizure or has had a seizure:

- ☐ Call "911" if you need help.
- ☐ Always have your child seen by a doctor at a hospital after a seizure.

### **PREVENTION**

- ☐ Take seizure medicine as prescribed.
- ☐ Treat fever over 101 degrees F with acetaminophen (Tylenol\*).
- ☐ To prevent head injuries use:
  - ☐ Safety equipment in all contact sports
  - ☐ Safety equipment with motorcycles, bicycles, skateboards
  - ☐ Seat belts in cars

## **WHAT IS A DENTAL EMERGENCY**

Your child should see a dentist immediately if a tooth is knocked out or damaged in a fall or accident. This is a dental emergency.

### **WHAT TO DO**

- A child who has had a mouth injury should be checked to see if there are loose or damaged teeth:
- ☐ If you child is young and has a very loose tooth it should be removed to prevent it from being swallowed or inhaled.

- ☐ If a tooth is broken or damaged the child should be seen by a dentist.
- ☐ If a tooth has been knocked out it often can be saved if you act immediately:
- ☐ Find the tooth.
- ☐ Handle the tooth by the part you normally see.
- ☐ Gently rinse the tooth under tap water in a closed sink (do not scrub).
- ☐ If possible, gently place the tooth back into the opening it fell out of.
- ☐ Hold the tooth in place while coming to the dentist or hospital.
- ☐ If the tooth can not be placed back into the opening place it under the tongue of the parent (adult) or the child (if there is no danger of the child swallowing it) or place it in some milk.
- ☐ Immediately go to the dentist or hospital where the tooth can be replaced or splinted in place.

## **WHAT NOT TO DO**

If your child has damaged a tooth or knocked one out:

- ☐ **Do not wait. If a tooth has fallen out and you can get help immediately, it has a good chance of being saved.**
- ☐ **Do not scrub the tooth. Just rinse it under tap water.**
- ☐ **Do not handle the root of the tooth, only handle the part you normally see.**
- ☐ **Do not leave a very loose tooth in a young child's mouth.**

- ☐ Do not place the tooth under the tongue of a very young child or an older child who is unconscious or crying.

## **WHEN TO CALL THE DENTIST OR HOSPITAL**

If you are uncertain what to do always call a dentist or hospital who can decide how quickly the child needs to be seen.

## **PREVENTION**

- ☐ Teach your child to use safety equipment in contact sports (mouth guards, face masks, etc.).
- ☐ Use seat belts and car seats in automobiles.

## **WHAT IS A FEVER**

A fever is any temperature that is above normal. What a normal temperature is will depend on where it is taken. In the mouth a normal temperature is 98.6 degrees F; under the arm, normal is 98 degrees F; and by rectum it is 100 degrees F.

A fever tells you there may be an infection in the body. It can be a minor illness like a cold or it may be a more serious infection. It is important for your child's comfort and well-being to keep the temperature down.

## **WHAT TO DO**

If you believe your child has a fever:

- ☐ Take his or her temperature using a mercury or electronic thermometer. See page 36.
- ☐ If the temperature is over 101 degrees F by rectum; 100 degrees F by mouth; or 99 degrees by arm, give acetaminophen.
- ☐ Give the acetaminophen every four hours while there is a fever.

## AMOUNT TO GIVE

Age	Acetaminophen Tylenol* Infant Drops)	Acetaminophen Tylenol* Elixir)	Acetaminophen (Tylenol* Chewable Tablets)
6 months	1 dropper full	1/2 teaspoon	
1 year	1.5 dropper fulls	3/4 teaspoon	1 1/2 tablets
2 years	2 dropper fulls	1 teaspoon	2 tablets
3 years	2 dropper fulls	1 teaspoon	2 tablets
4 years	3 dropper fulls	1 1/2 teaspoon	3 tablets
5 years	3 dropper fulls	1 1/2 teaspoon	3 tablets

Children over 5 years old can begin to use adult acetaminophen.

- ☐ Keep the child cool – Dress baby in a diaper and shirt.  
– Dress child in light weight clothing.
- ☐ Give the child large amounts of fluids – a child with a fever usually likes ice chips, juice, water, soda or tea.
- ☐ Sponge or bathe the child with barely warm water for about 20 minutes for a temperature of 103 degrees F by mouth or 104 degrees F by rectum if it makes the child feel better.

## **WHEN TO SEE A DOCTOR**

Sometimes a child will need medicine to treat an infection. It is important for a doctor to see the child if:

- ☐ The child is under three months.
- ☐ The child is extremely irritable or excessively sleepy.
- ☐ The child has difficulty breathing or fast breathing.
- ☐ The child is complaining of neck pain or is holding the neck in an unusual way.
- ☐ The child has a seizure (convulsion).
- ☐ The temperature is not normal after two days of acetaminophen.
- ☐ The child develops a rash.
- ☐ The child pulls or complains of ear pain.
- ☐ The child has not wet a diaper or urinated in 12 hours.
- ☐ The child's lips, tongue and lining of the mouth are dry and dull.
- ☐ The child complains of a sore throat.
- ☐ The child has pain or burning on urination.

## **WHAT NOT TO DO**

If your child has a temperature:

- ☐ **Do not use an alcohol bath to sponge or bathe the child.**
- ☐ **Do not use an ice water bath to sponge or bathe the child.**

- ☐ **Do not overdress the child.**
- ☐ **Do not use adult acetaminophen for young children under age five.**
- ☐ **Do not worry if the child is not eating. Liquids are important.**
- ☐ **Do not give acetaminophen more than six times in 24 hours.**
- ☐ **Do not give aspirin.**

## **PREVENTION**

- ☐ **Do not expose the child to people who are ill.**
- ☐ **There is no way to prevent a fever. However, it is important to give the child acetaminophen to control the fever.**

## **WHAT IS A COLD**

A cold is an infection of the nose and air passages caused by a germ called a virus. The child with a cold has a stuffy, runny nose, watery eyes, a cough and sometimes a fever, earache or sore throat.

## **WHAT TO DO**

When your child develops a cold:

- ☐ **Give your child fluids frequently, such as fruit juices, fruit drinks, tea, water, soda and soup.**
- ☐ **If your child is warm, take his or her temperature.**
- ☐ **Give acetaminophen (Tylenol) if the temperature is higher than 101 degrees F by rectum or 100 degrees F by mouth. Repeat every four hours if the temperature continues.**



- ☐ Use a cool mist vaporizer during naps and at night. Put the vaporizer close to the bed.
- ☐ Use salt water nose drops to loosen the congestion in the nose.

Use 1/2 teaspoon of salt to one cup of water. Nose drops will drain the nose. Have the older child blow the nose. Wipe the younger child's nose gently. Use a nasal syringe to suck out the mucus in infants.

- ☐ Have your child rest or play quietly.

## **WHEN TO SEE THE DOCTOR**

Your child should be seen by a doctor if:

- ☐ The child is less than three months of age.
- ☐ The child has a fever for more than two days.
- ☐ The child's cough lasts longer than two weeks.
- ☐ The cough is awakening the child at night.
- ☐ The cough causes the child to choke or vomit.
- ☐ The child is having difficulty breathing.
- ☐ The child complains of chest pain.
- ☐ The child complains of ear or throat pain.
- ☐ The child's mucus has red streaks in it.
- ☐ The child does not wet a diaper or urinate for more than 12 hours.
- ☐ The child is out of school for more than two days.

## **WHAT NOT TO DO**

- ☐ **Do not worry if your child does not eat for a few days. Drinking is important.**
- ☐ **Do not use cold medicines that you can buy without a prescription until you check with your physician.**
- ☐ **Do not use nasal sprays.**
- ☐ **Do not use medicine that was prescribed for someone else.**
- ☐ **Do not use a hot water vaporizer.**

## **PREVENTION**

While it is impossible to prevent your child from ever getting a cold you can lessen the number of colds by:

- ☐ Seeing that your child gets enough sleep.
- ☐ Seeing that your child eats a well balanced diet.
- ☐ Seeing that your child is dressed right for the weather.
- ☐ Seeing that your child is not exposed to second-hand cigarette smoke.

## **WHAT IS AN EARACHE**

An earache is frequently caused by a bacterial infection in the passage behind the eardrum. This passage connects the middle part of the ear and the nose. Normally the passage is open to permit fluid and bacteria to pass through and be swallowed without causing any problems. However, with a cold or allergies, the passage frequently becomes blocked, allowing fluid and bacteria to collect. When this occurs an ear infection can result and antibiotics are needed to treat the infection.

## **WHAT TO LOOK FOR**

- ☐ Complaint of ear pain
- ☐ Crying, fussiness, pulling or rubbing the ear in an infant.
- ☐ Fever
- ☐ Drainage from the ear

## **WHAT TO DO**

- ☐ Call your doctor for advice.
- ☐ Give acetaminophen (Tylenol) for fever over 101 degrees F.
- ☐ Give fluids.
- ☐ Once you have seen the doctor, make sure your child takes all the antibiotics the doctor ordered. It may take two to three days for the antibiotics to begin to work to lower the fever and relieve the pain. All of the medicine is needed to completely kill the bacteria.

## **WHEN TO CALL THE DOCTOR**

- ☐ When your child has symptoms of an ear infection.
- ☐ If your child has been seen by the doctor, is taking medicine for two to three days and shows no sign of improvement.
- ☐ If your child has any drainage from the ear (with or without pain).
- ☐ If there is swelling around and behind the ear.

## **PREVENTION**

Ear infections need medical attention. Frequent ear infections can lead to hearing loss.

## **EARWAX**

Using a cotton-tipped applicator or other instrument to clean the ear can damage the eardrum. Wax is normal in the ear and usually does not need to be removed. If you have a concern about wax discuss it with your doctor.

## **WHAT ARE SWOLLEN GLANDS**

Lymph glands are located throughout the body and are part of a system to protect the body against infection. When a gland is swollen it usually means an infection or an irritation is present and the gland is fighting it. Glands can swell with a mild or a serious disease. Common infections which may cause swollen glands are colds, ear infections and sore throats.

## **WHAT TO DO**

If your child has a swollen gland or glands:

- ☐ There is nothing to do for a swollen gland other than watch for any changes as listed below.
- ☐ Start treatment for any accompanying illness.
- ☐ Give fluids.

## **WHEN TO CALL THE DOCTOR**

Contact your child's doctor if the swollen gland:

- ☐ Is present for more than two to three weeks
- ☐ Is getting bigger and other glands are beginning to swell
- ☐ Is red, hot and tender or discharging pus

or if the child:

- ☐ Is losing weight
- ☐ Is more tired than usual

## **PREVENTION**

Swollen glands are part of the body's defense system to prevent an infection from becoming more serious.

## **WHAT IS VOMITING**

Vomiting is most often caused by a virus of the stomach or eating a food that disagrees with the stomach. Some infants "spit up" after a feeding or a burp. This is not vomiting and it does not mean the child has a virus. Most vomiting will stop in eight to twelve hours when the right care is given.

## **WHAT TO DO**

If your child is vomiting:

- ☐ Stop all breast and formula feedings in infants.
- ☐ Stop all solid food and liquids in older children.
- ☐ Wait until the infant or child has not vomited for two hours.
- ☐ Start clear liquids (p.35), one ounce every hour in frequent sips. Breast feeding may resume.
- ☐ If no vomiting occurs in eight to twelve hours add solid food, such as rice cereal mixed with water for infants, dry cereal, dry crackers or dry toast for older children.
- ☐ If no vomiting occurs after 24 hours, start full strength formula, milk and milk products slowly, gradually increase to a normal eating pattern.

## **WHAT NOT TO DO**

- ☐ Do not give the infant/child large amounts to drink – it will increase vomiting.
- ☐ Do not give milk or milk products for 24 hours (cheese, yogurt, ice cream, etc.).
- ☐ Do not give just clear liquids for more than two days.
- ☐ Do not give medicine not prescribed for your child.
- ☐ Do not put salt in the drinking water.
- ☐ Do not use plain water.

## **WHEN TO SEE A DOCTOR**

- ☐ If the vomiting is no better in 12 hours
- ☐ If the child is under six months of age
- ☐ If the child complains of stomach pain for more than two hours
- ☐ If the child is on a medicine and is unable to take it
- ☐ If the child does not wet a diaper or urinate in 12 hours
- ☐ If the child's lips, tongue and lining of the mouth are dry and dull
- ☐ If the child is not taking any liquids

## **PREVENTION**

- ☐ When possible, do not expose the child to people who are ill.
- ☐ Refrigerate foods that can spoil.
- ☐ Teach your child to wash hands to prevent spread of disease.

# WHAT IS DIARRHEA

Diarrhea is loose or watery bowel movements which occur more often than usual in one day. Diarrhea is most often caused by a virus infection. It can last for several days or as long as a week.

When the right care is given, a child gets better quickly and does not have serious water loss from the body. Diarrhea often occurs with fever, vomiting and stomach pain.

## WHAT TO DO

If your child has diarrhea:

- ☐ Continue breast feeding.
- ☐ Stop formula feedings.
- ☐ Start a clear liquid diet (p.35).
- ☐ Give four to eight ounces of clear liquids every four hours only.

On day two if the diarrhea has improved:

- ☐ Start formula and milk products slowly.
- ☐ Start rice cereal with infants.
- ☐ Start dry toast, dry cereal or dry crackers with older children.

On day three if the diarrhea continues to improve:

- ☐ Advance milk products slowly.
- ☐ Gradually return to a regular eating pattern.

## **WHAT NOT TO DO**

- ☐ **Do not give just clear liquids for more than 24 hours.**
- ☐ **Do not give large frequent feedings as this will cause more diarrhea.**
- ☐ **Do not use milk or milk products for 24 hours.**
- ☐ **Do not give medicine not prescribed for your child.**
- ☐ **Do not use salt in the drinking water.**
- ☐ **Do not give plain water.**

## **WHEN TO CALL THE DOCTOR**

- ☐ **If the child is less than six months.**
- ☐ **If the diarrhea does not improve in 24 hours.**
- ☐ **If the diarrhea lasts for over a week.**
- ☐ **If the child complains of abdominal pain for more than one to two hours.**
- ☐ **If the child's lips, tongue and lining of the mouth are dry and dull.**
- ☐ **If the child has not wet a diaper or urinated for 12 hours.**
- ☐ **If the child is not taking liquids.**
- ☐ **If there is blood in the stool.**



## **PREVENTION**

- ☐ When possible, do not expose your child to people who are ill.
- ☐ Refrigerate foods that can spoil.
- ☐ Teach your child to wash hands to prevent the spread of disease.

## **WHAT IS DIAPER RASH**

Babies have delicate skin which easily can become irritated. A place where a baby's skin is more likely to develop a rash is in the area the diaper covers. It is here that urine and bowel movements come in frequent contact with the skin and cause irritation. A mild diaper rash will have reddened areas where the diaper meets the skin. If the rash goes uncared for, a severe rash with small pus pockets or red raw areas can develop.

## **WHAT TO DO**

If your child develops any reddened areas in the diaper region:

- ☐ Change the diaper frequently.
- ☐ Gently wash, thoroughly rinse and gently dry the area.
- ☐ If possible leave the baby's diaper off so air can help to heal the area (in older infants this may only be possible during naps).
- ☐ Cover the area with vaseline or zinc oxide cream before putting on a diaper.
- ☐ When changing the diaper gently remove the zinc oxide cream. If it is hard to remove use a cotton ball and oil on the area.
- ☐ When using cloth diapers do not cover with plastic pants.

- ☐ When using disposable diapers it is more difficult to know if the child is wet. Check the infant's diaper more often.

## **WHEN TO CALL THE DOCTOR**

You should call the doctor if the child's diaper rash:

- ☐ Does not respond to frequent diaper changes and air drying
- ☐ Spreads to other areas not covered by the diaper
- ☐ Develops pus pockets
- ☐ Is red and raw
- ☐ Develops blisters

## **WHAT NOT TO DO**

- ☐ Do not leave your child in wet or soiled diapers.
- ☐ Do not change your child's diaper without washing the diapered area.
- ☐ Do not use plastic (rubber) pants over the diaper
- ☐ Do not dry disposable diapers and reuse them.

## **PREVENTION**

- ☐ Change diaper frequently.
- ☐ Clean diaper area with soap and water when changing the diaper.
- ☐ Wash cloth diapers in a mild soap powder and rinse thoroughly.
- ☐ Notice whether or not your child gets more rashes with a certain brand of disposable diapers.

# WHAT IS CONJUNCTIVITIS (PINK EYE)

Conjunctivitis or pink eye is a result of an infection or irritation of the lining (pink membrane) of the eye. The infection may be caused by a virus or bacteria.

An irritation of this membrane may result from an allergic process, a substance blowing into the eye (dust or dirt) or a chemical (medicine, makeup, etc.). Mild conjunctivitis frequently is present with a cold.

## WHAT TO LOOK FOR

Infants and children who have conjunctivitis will have any or all of the following:

- ☐ Redness around the area of the eye
- ☐ Swelling around the area of the eye
- ☐ Burning sensation in the eyes
- ☐ Tearing of the eyes
- ☐ A thick, yellow or greenish yellow drainage from the eyes
- ☐ Eyelashes glued together

**Newborn:** Conjunctivitis in the newborn is a special case. State law requires that a special medicine be placed into the eyes of all newborns. The medicine may cause an infant's eyes to become red and swollen for two to three days. If the redness and swelling continue for a longer period, call your doctor.

## **WHAT TO DO**

Conjunctivitis caused by allergic, chemical or environmental irritants are best treated by avoiding the substance that irritates the eye.

If your child does have conjunctivitis:

- ☐ Clean the area around the eyes gently with clean warm water to remove the drainage and allow the lashes to become unglued.
- ☐ Encourage the child not to rub the eyes.

## **WHEN TO CALL THE DOCTOR**

Your child needs to be seen by a doctor if he or she:

- ☐ Has thick, yellow or greenish yellow drainage coming from the eyes
- ☐ Complains of eye pain
- ☐ Complains of painful eyes when exposed to bright lights
- ☐ Complains of not seeing or is having trouble seeing
- ☐ Is very uncomfortable from seasonal allergies or environmental irritants
- ☐ Is less than two months old

## **WHAT NOT TO DO**

- ☐ Do not let the child rub his or her eyes.
- ☐ Do not use medication unless prescribed by your doctor.
- ☐ Do not force your child's eyes open if they are crusted. Clean gently.

## **PREVENTION**

- ☐ Most infectious cases of conjunctivitis can be spread easily from one family member to another. To prevent this infection in others use a separate towel and wash cloth for the child.
- ☐ Avoid substances that you know your child is allergic to.
- ☐ Protect your child's eyes if you go out on windy and dusty days.

## **IMMUNIZATIONS AND COMMON CHILDHOOD ILLNESSES**

### **WHAT ARE IMMUNIZATIONS**

Immunizations are given to infants, children and adults to prevent disabling or life-threatening diseases. In the past, diphtheria, tetanus (lock jaw), pertussis (whooping cough), smallpox and polio killed many children and adults. Today, these diseases are controlled by the widespread use of immunizations.

Immunizations are given to the child in two ways. The first way is by injection (baby shots). These shots allow the child's body to build up an immunity (defense system) against the diseases. The injections are:

**DTP** – A series of five injections which protect the child against Diphtheria, Tetanus and Pertussis. Usually the child receives a shot at two months, four months, six months, fifteen months and just prior to entering school (four to five years). Following this series a booster injection for diphtheria and tetanus should be given every 10 years. A tetanus booster may be given after a puncture wound or accidental cut if your child has not had one in five years.

**MMR** – A combination of Measles, Mumps and Rubella (German measles) vaccine given in one injection. The injection is usually given to the child at 15 months of age to prevent these childhood illnesses. The child should receive life-long immunity from this vaccine.

The second method of giving a child an immunization is by mouth. This method also allows the body to build up a defense system against diseases. Only the polio vaccine can be given in this way.

TOPV- Trivalent Oral Polio Vaccine is given by drops into the mouth at two months, four months, six months, fifteen months and just prior to entering school (four to five years). The drops are usually given at the same time as the DTP injections. The vaccine does not need to be given again unless the child or adult is going to a country where polio is present. "HIB - A single injection is given at 18 months to protect against Haemophilus b, a germ that can cause several different infections in children including meningitis, pneumonia, and ear, joint, and skin infections. A child may be immunized through the fifth year of life (60 months of age). Special effort should be made to immunize children who attend day care or have serious illnesses such as cancer or sickle cell anemia.

## **WHAT TO DO**

**See that your child is completely immunized.**

Keep a record of immunizations.

In many states children are not permitted to start school without immunizations.

## **WHAT IS MEASLES**

Measles is a serious viral infection which spreads easily. It is contagious from one week before the appearance of the rash until one week after the rash begins. Children who have not received a measles vaccine and come in contact with the virus, frequently develop measles in one to two weeks. Measles is a serious disease.

## **WHAT TO LOOK FOR**

A child who is developing measles appears very sick with the following symptoms:

- ☐ Cough and runny nose
- ☐ Conjunctivitis

- ☐ Swollen glands
- ☐ A temperature between 101 degrees F to 104 degrees F with a rash that develops at the height of the fever
- ☐ White spots in the mouth go away with the start of the rash
- ☐ A rash which develops into pink flat blotches, first on the face, spreading to the chest and back, the stomach and finally to the arms and the legs
- ☐ The rash lasts from four to seven days and is slightly itchy

## **WHAT TO DO**

If your child develops measles:

- ☐ Give acetaminophen (Tylenol\*) for a temperature over 101 degrees F.
- ☐ Use a cool mist vaporizer for the cough.
- ☐ Give plenty of liquids.
- ☐ Keep lights dim to help with eye discomfort.
- ☐ Encourage your child to rest.
- ☐ Call your doctor to let him or her know the child has measles.

## **WHAT NOT TO DO**

- ☐ Do not send your child to school.
- ☐ Do not allow your child to come in contact with other children until one week after the rash develops.

## **WHEN TO CALL THE DOCTOR**

If your child complains of:

- ☐ Ear pain
- ☐ Chest pain or congestion
- ☐ Sleepiness
- ☐ Stiff neck

You should contact your doctor immediately if your child has:

- ☐ Convulsions
- ☐ Dark purple blotches
- ☐ A serious illness or is on steroids and comes in contact with measles

## **PREVENTION**

Measles can be prevented if your child has received the measles vaccine (shot). If your child has not received the vaccine and comes in contact with a child with the measles, contact your doctor immediately.

## **WHAT IS MUMPS**

Mumps is a viral infection which spreads very easily. The virus usually causes swelling of the glands just in front of the ears; however, other glands in the body can also swell. Mumps occurs in children and adults and is contagious from two days before the swelling appears until all the swelling is gone (about seven to ten days). If your child has been in contact with someone with this virus and has not received the mumps vaccine, mumps may develop in two to three weeks.



## **WHAT TO LOOK FOR**

A child who is developing mumps may:

- ☐ Complain of headache
- ☐ Appear very tired
- ☐ Develop a fever
- ☐ Complain of pain in the jaw and mouth
- ☐ Have difficulty swallowing
- ☐ Have swelling of the glands just in front of the ears. the glands may swell on one or both sides of the face.

## **WHAT TO DO**

If your child has the mumps:

- ☐ Give acetaminophen (Tylenol\*) for fever over 101 degrees F.
- ☐ Give fluids.
- ☐ Keep your child in the house until all swelling is gone.

## **WHAT NOT TO DO**

- ☐ Do not give solid food as long as your child had trouble swallowing (usually only a few days).
- ☐ Do not allow your child to go to school until all swelling is gone.

## **WHEN TO CALL THE DOCTOR**

If your child:

- ☐ Complains of stiff neck
- ☐ Is very sleepy

- ☐ Is vomiting or has stomach pain
- ☐ Complains of pain in the testicles
- ☐ Has a high fever
- ☐ Complains of not being able to hear

## **PREVENTION**

Mumps can be prevented if your child has received the mumps vaccine(shot). If your child has not received this immunization, keep the child away from anyone with the mumps.

# **WHAT IS GERMAN MEASLES (RUBELLA)**

German measles (three day measles) is a mild viral infection. While less contagious than chicken pox or measles, if your child has not had the German measles vaccine and comes in contact with the virus, German measles frequently develops in two to three weeks.

## **WHAT TO LOOK FOR**

If your child is developing German measles he or she may have the following symptoms:

- ☐ Mildly tired
- ☐ Swollen, painful glands at the back of the neck
- ☐ A rash of small raised spots which spread together to form large patches
- ☐ The rash first appears on the face and quickly spreads to the chest, back, stomach and the arms and legs. The rash lasts about three days.
- ☐ A mild fever
- ☐ A runny nose

## WHAT TO DO

- ☐ Give acetaminophen (Tylenol\*) for a fever of 101 degrees F.
- ☐ Give plenty of fluids.

## WHAT NOT TO DO

- ☐ Do not send your child to school until the rash is gone.
- ☐ Do not allow your child to be in contact with any women who could be pregnant.

## WHEN TO CALL THE DOCTOR

Usually German measles is a mild disease. However, if any of the following occurs call the doctor:

- ☐ Ear pain
- ☐ Very sleepy
- ☐ Chest congestion or pain
- ☐ A rash which looks purple

## PREVENTION

A German measles vaccine (shot) is available to prevent the disease. Although German measles is a mild disease, if a pregnant woman comes in contact with the virus it may seriously harm her unborn child. **It is important for any pregnant woman who has been in contact with German measles to contact her doctor.**

## WHAT IS CHICKEN POX

Chicken pox, while seen in all ages, usually occurs in childhood. It is a viral infection which spreads very easily and is contagious from 36 hours before the rash appears to the time when all the sores have scabs on them (usually seven to 10 days).

If your child has been around a child with chicken pox the disease may develop within two to three weeks.

## **WHAT TO LOOK FOR**

If your child is developing chicken pox he or she may have the following:

- ☐ A mild fever and tiredness can occur before the rash. However, the rash may be the first sign.
- ☐ The rash first appears on the scalp as small, flat red dots and spreads to the rest of the body.
- ☐ The red dots quickly become raised and the centers fill with clear fluid. These areas look like tear drops and are called vesicles.
- ☐ The fluid in the vesicles becomes cloudy and the sores easily break. The rash is very itchy at this time.
- ☐ After the vesicles break a scab forms which will fall off in one to two weeks.

## **WHAT TO DO**

- ☐ Give acetaminophen (Tylenol\*) for the fever. Do not give aspirin.
- ☐ Cut the child's fingernails short to prevent skin damage and scarring.
- ☐ Keep the child's skin clean. Gently clean with soap and water.
- ☐ Apply calamine lotion to the rash to help stop the itching. (Avoid caladryl lotion)
- ☐ A warm bath with a one-half cup of uncooked oatmeal can also help with itching. Allow the child to soak in the tub for 15 minutes. Do not rinse the skin after the bath. Gently pat the child's body dry.

- ☐ If there are sores in the child's mouth have the child rinse with salt water (one-half teaspoon salt to one cup of water).
- ☐ Have the child wash hands frequently during the day to prevent infecting the sores.
- ☐ When all the sores have scabs on them the child is no longer contagious and may return to school

## **WHAT NOT TO DO**

- ☐ Do not allow your child to scratch the sores.
- ☐ Do not send your child to school until all the sores have scabs on them.

## **WHEN TO CALL THE DOCTOR**

You need to contact your doctor if:

- ☐ Itching can not be controlled by the above measures.
- ☐ Sores become infected (contain pus and are warm, red and swollen)
- ☐ Your child is very sleepy or has trouble walking.
- ☐ Your child complains of pain on moving his or her neck or has a stiff neck.
- ☐ Your child is vomiting.
- ☐ Your child has a serious illness or is on steroids and comes in contact with chicken pox.

## **PREVENTION**

Presently there is no vaccine (baby shot) to prevent chicken pox.

# WHAT IS A CLEAR LIQUID DIET

A clear liquid diet is a feeding plan in which no milk or solid foods are used. It is used for children who are sick with a fever, vomiting, diarrhea and other illnesses. The purpose of this diet is to rest the stomach and bowels and to give the infant or child calories.

## WHAT ARE CLEAR LIQUIDS

Juices: apple juice, Hawaiian Punch\*, grape juice

Soda: Coca-Cola\*, Pepsi\*, Ginger Ale\*, 7-Up\*, Sprite 4\*, etc. Shake or beat the soda with a spoon to decrease the bubbles before giving it to the child.

Sugar water, sugar tea

Mix one tablespoon of sugar to each 12 ounces of tea or water.

Kool-Aid or Jello

Follow the directions on the package. Jello can be used in liquid or solid form.

Popsicles, water ice or sherbet—Any of these may be used as clear liquids.

Clear soups or broth

Store-bought beverages: Pedialyte\*, ReSol\*, Hydralyte\*

## WHAT LIQUIDS NOT TO USE

- ☐ Orange or grapefruit juice may not be tolerated
- ☐ Prune juice
- ☐ Milk or milk products for 24 hours
- ☐ Plain water

## **WHEN TO START MILK AND SOLID FOODS**

Milk and solid foods may be started slowly if the infant or child has improved in a 24-hour period.

# HOME HEALTH SUPPLIES

- ☐ Adhesive bandages
- ☐ Sterile gauze pads (four inches square)
- ☐ Adhesive tape
- ☐ Cotton balls
- ☐ Elastic roller bandage (two inches in width)
- ☐ Thermometer
  - Rectal - less than three years
  - Oral - older than three years
- ☐ Bulb syringe
- ☐ Medicine dropper
- ☐ Scissors
- ☐ Vaporizer (cool mist)
- ☐ Acetaminophen (Tylenol\*)
- ☐ Hydrogen peroxide
- ☐ Petroleum jelly
- ☐ Calamine lotion
- ☐ Antibacterial soap
- ☐ Syrup of ipecac
- ☐ Prescription medicines only
- ☐ Ear syringe

**KEEP ALL MEDICATIONS IN A LOCKED CABINET.**

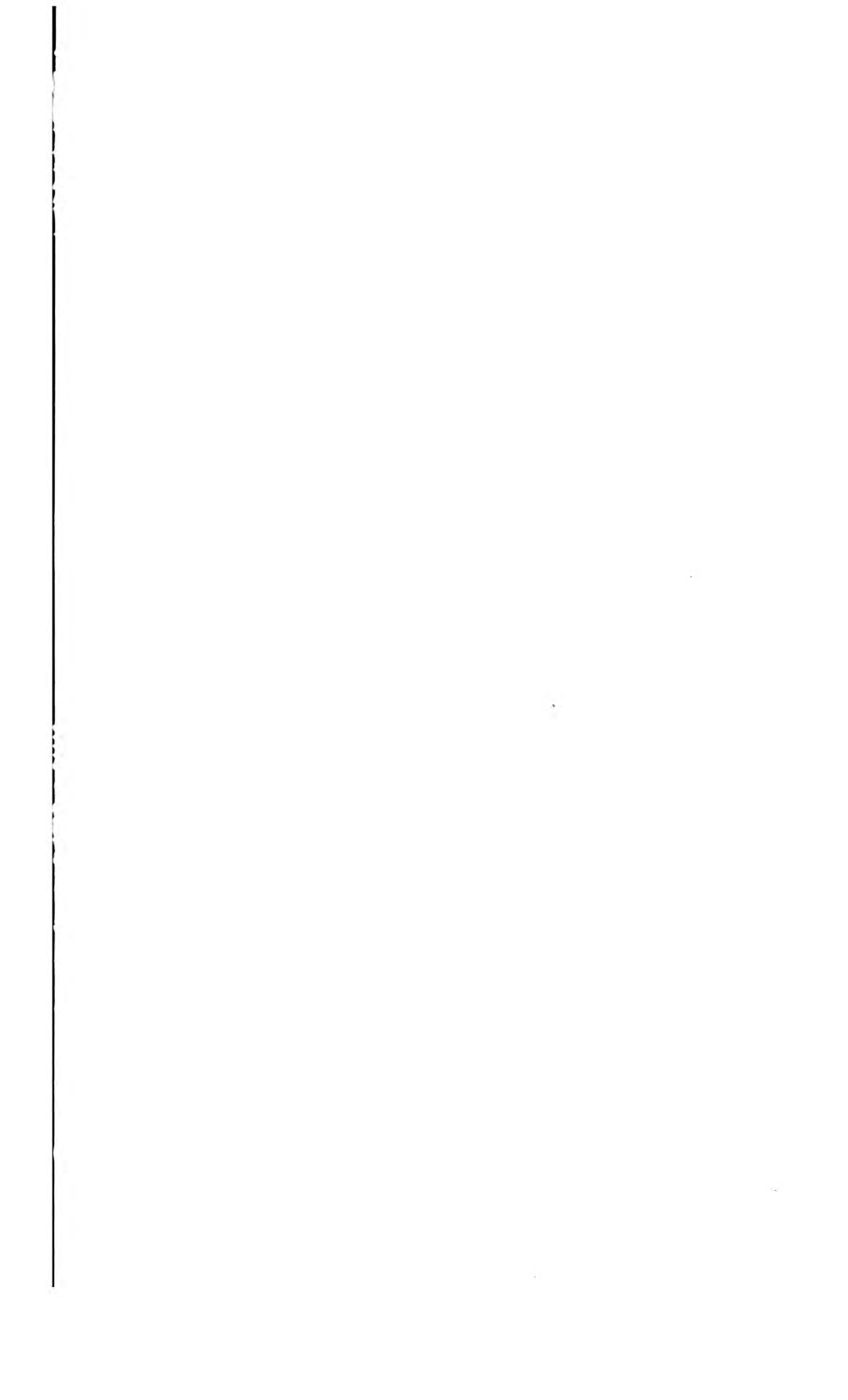
**Also keep important phone numbers and first-aid chart or book.**

\*Registered trademark does not constitute an endorsement by the United States Navy.











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## Emergency Information

**Police and Fire Rescue** \_\_\_\_\_

**Nearest Emergency Department** \_\_\_\_\_

**Physician** \_\_\_\_\_

**Children's School** \_\_\_\_\_

**Nearest Relative** \_\_\_\_\_

(Name & Phone)

**Mother's Work Phone** \_\_\_\_\_

**Father's Work Phone** \_\_\_\_\_

**Other Emergency Phone Numbers** \_\_\_\_\_